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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

7-29-12

(month, day, year)

Date Signed ___

STATEMENT OF ECONOMIC INTERESTS

MAR

Date Received
Official Use Only

COVER PAGE BY: Please type or print in ink. NAME OF FILER (LAST) (FIRST) Mansoor Allan 1. Office, Agency, or Court Agency Name California State Assembly Division, Board, Department, District, if applicable Your Position Assembly District 68 Assembly Member ▶ If filing for multiple positions, list below or on an attachment. 2. Jurisdiction of Office (Check at least one box) X State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of ___ City of _____ Other _____ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2011, through December 31, 2011. (Check one) O The period covered is January 1, 2011, through the date of The period covered is _______, through leaving office. December 31, 2011. O The period covered is ______, through Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Election Year _____ Office sought, if different than Part 1: _____ 4. Schedule Summary ► Total number of pages including this cover page: . Check applicable schedules or "None." Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California that

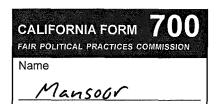
Signatur

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

Mansoor
Name
FAIR POLITICAL PRACTICES COMMISSION
CALIFORNIA FORM 700

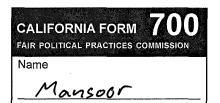
NAME OF SOURCE OF INCOME Rental Projecty ADDRESS (Business Address Acceptable) L74 Deerview Road, Keswick VA 22947 BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Projecty Owner GROSS INCOME RECEIVED \$500 - \$1,000 \$1,001 - \$10,000	
ADDRESS (Business Address Acceptable) 174 Deerview Road, Keswick VA 22947 BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Property Owner GROSS INCOME RECEIVED ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED	
ADDRESS (Business Address Acceptable) 174 Deerview Road, Keswick VA 22947 BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Property Owner GROSS INCOME RECEIVED ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED	
BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Property Owner GROSS INCOME RECEIVED BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED	
BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION Property Owner GROSS INCOME RECEIVED BUSINESS ACTIVITY, IF ANY, OF SOURCE YOUR BUSINESS POSITION GROSS INCOME RECEIVED	
Property Owner GROSS INCOME RECEIVED GROSS INCOME RECEIVED	
Property Owner GROSS INCOME RECEIVED GROSS INCOME RECEIVED	
Property Owner GROSS INCOME RECEIVED GROSS INCOME RECEIVED	
GROSS INCOME RECEIVED GROSS INCOME RECEIVED	
	—
\$500 \$4,000	
X \$10,001 - \$100,000 ☐ OVER \$100,000 ☐ ○ OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income Salary Spouse's or registered domestic partner's income	
☐ Loan repayment ☐ Partnership ☐ Loan repayment ☐ Partnership	
Sale of Sale of	
(Real property, car, boat, etc.)	_
Commission or Rental Income, list each source of \$10,000 or more Commission or Rental Income, list each source of \$10,000 or more	e
Other	
(Describe)	
	wy Prouse.
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	
* You are not required to report loans from commercial lending institutions, or any indebtedness created as part	
retail installment or credit card transaction, made in the lender's regular course of business on terms available	
members of the public without regard to your official status. Personal loans and loans received not in a lender' regular course of business must be disclosed as follows:	5
regular course of business must be disclosed as follows.	
NAME OF LENDER* INTEREST RATE TERM (Months/Years)	
%	
ADDRESS (Business Address Acceptable)	
SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER None Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD Real Property Street address	
\$1,001 - \$10,000 Guarantor	
\$10,001 - \$100,000	
_	
OVER \$100,000	
OVER \$100,000 Other	

SCHEDULE D Income - Gifts



► NAME OF SOURCE	NAME OF COURSE		
CTIA The Wireless Association	NAME OF SOURCE Colifornia Now Car Declara Association		
ADDRESS (Business Address Acceptable)	California New Car Dealers Association		
1400 16th St. NW, Suite 600, Washington DC 20036	ADDRESS (Business Address Acceptable) 1415 L St. #700 Sacramento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Wireless Industry Association	1 1		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Car Dealership Industry DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
Brite (minimality)	DESCRIPTION OF SIFT(S)		
2 / 23 / 11 _{\$} 96.92 Reception	3 / 29 / 11		
NAME OF SOURCE	► NAME OF SOURCE		
The Walt Disney Company	Panther Racing, LLC		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
500 South Buena Vista St., Burbank CA 0736	5740 Decatur Boulevard, Indianopis, IN 46241		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Entertainment	Racing		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
4 / 8 / 11 s 79.83 Event Attendance	4 / 16 / 11 _{\$} 175.00 Lunch, Event ticket		
	\$		
	\$		
► NAME OF SOURCE	► NAME OF SOURCE		
Private Insurance Fund of California	Crime Survivors, Inc		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
1201 K St, Suite 1220, Sacramento, CA 95814	PO Box 54552 Irvine, CA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Home and Auto Insurance	Crime Survivors Advocacy		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
7 / 5 / 11 _{\$} 91.10 Dinner	4 / 15 / 11 \$ 65.00 Dinner Reception		
	//_ \$		
Comments:			

SCHEDULE D Income - Gifts



NAME OF SOURCE	► NAME OF	SOURCE	
Global Auto-Makers			
ADDRESS (Business Address Acceptable)	ADDRESS	(Business Address Accep	stable)
1050 K St, NW, Suite 650, Washington	n DC 20001		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		ACTIVITY, IF ANY, OF S	OURCE
Automotive Industry	11	•	
DATE (mm/dd/yy) VALUE DESCRIPTION	ON OF GIFT(S) DATE (mm/	dd/yy) VALUE	DESCRIPTION OF GIFT(S)
5 / 17 / 11 & 67.00 Reception	nn .	,	
5 / 17 / 11 _{\$} 67.00 Reception	<u> </u>	J \$	
/ / \$	·	/ s	
		<u> </u>	
		J \$	
NAME OF SOURCE	▶ NAME OF S	SOURCE	Annual Control of the
ADDRESS (Business Address Acceptable)	ADDRESS	(Business Address Accep	table)
	11		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS	ACTIVITY, IF ANY, OF S	OURCE
DATE (mm/dd/yy) VALUE DESCRIPTION	ON OF GIFT(S) DATE (mm/s	dd/yy) VALUE	DESCRIPTION OF GIFT(S)
/ / ¢	- 11 ,	/ ¢	
		J	
/\$		<i>J</i> \$	- Addition of the state of the
	·		
\$		<i></i> \$	
NAME OF SOURCE	► NAME OF S	SOURCE	
			•
ADDRESS (Business Address Acceptable)	ADDRESS	(Business Address Accep	table)
		·	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS	ACTIVITY, IF ANY, OF S	OURCE
		·	
DATE (mm/dd/yy) VALUE DESCRIPTION	ON OF GIFT(S) DATE (mm/d	dd/yy) VALUE	DESCRIPTION OF GIFT(S)
/ / •		/ s	
		· · · · · · · · · · · · · · · · · · ·	
		/\$	
		J\$	
Comments:			

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFO	PRNIA FORM 700
FAIR POLI	TCAL PRACTICES COMMISSION
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- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE	► NAME OF SOURCE
John Wayne Airport ADDRESS (Business Address Acceptable)	
	ADDRESS (Business Address Acceptable)
3160 Airway Avenue	
CITY AND STATE	CITY AND STATE
Costa Mesa CA 92626 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	PHONESO ACTIVITY IS ANY OF COURSE
	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Transportation	
DATE(S): 1 / 1 / 11 - 12 / 31 / 11 AMT: \$ 550.00	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) 🛛 Gift 🗌 Income	TYPE OF PAYMENT: (must check one)
☐ Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Gift of parking for legislative purposes and functions.	
- Ott of parking to registative	
purposes and functions.	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/(If gift) AMT: \$	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
 	
Other - Provide Description	Other - Provide Description
1	
Comments:	
•	